

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600002011656--6  
-11/21/96--01097--009  
\*\*\*\$375.00 \*\*\*\$375.00

DOCUMENT # P39753

1. Corporation Name  
MICRO BIO-MEDICS, INC.

Principal Place of Business Mailing Address  
846 PELHAM PARKWAY 846 PELHAM PARKWAY  
PELHAM MANOR NY 10803 PELHAM MANOR NY 10803

REINSTATEMENT *a*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		13-2002500	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	HABER, BRUCE J.	846 PELHAM PARKWAY	PELHAM MANOR NY
V	BUTHER, LOUIS	846 PELHAM PARKWAY	PELHAM MANOR NY
SD	STENBERG, RENEE	846 PELHAM PARKWAY	PELHAM MANOR NY
T	BUTLER, GARY	846 PELHAM PARKWAY	PELHAM MANOR NY
D	CAUGOR, MARVIN S.	846 PELHAM PARKWAY	PELHAM MANOR NY
D	READE, K. DEANE, JR.	846 PELHAM PARKWAY	PELHAM MANOR NY

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
XL CORPORATE SERVICES, INC. 344 OFFICE PLAZA TALLAHASSEE FL 32301		Name: Same as 8 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State: FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: NOV 11 1996  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: 10/8/96 (914) 738-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR: MARC MOEL, ASST SECY

CR2000 (7/96)